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Ophthalmic Literature

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Ophthalmic Literature

VOL: VII. MARCH, 1917. No. 3.

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THE JOURNAL PROJECT.

What has been published in Ophthalmic Literature upon the establishment of a better journal, without increasing the number of ophthalmic journals published in this country, has met with a gratifying response. Already more than twenty subscriptions have been received before a direct invitation to subscribe has been extended, and while no definite price or plans could be announced. The first formal subscription came from a small city in the Middle West, putting the price at twenty dollars per annum.

An expression of approval by thirty ophthalmologists of Philadelphia includes the names of the most active members in its ophthalmic organizations, and its best-known writers on ophthalmology. The action taken at Buffalo has been previously referred to. But the first action of this kind was the unanimous support pledged by the Colorado Ophthalmological Society. The American Academy of Ophthalmology and Oto-Laryngology adopted a similar resolution at its annual meeting and authorized its Council to cooperate in the movement.

Within a few days the matter will be brought to the attention of every American ophthalmologist whose address can be obtained, and he will be invited to subscribe for such a journal, to replace some of those now being published. The larger the number who join in the subscription the lower the price at which the journal can be furnished. It is an opportunity for each to give direct aid himself, and to help his colleagues to an appreciation and command of the best in the literature of our branch of medical science.

OPHTHALMIC EXAMINATIONS.

The American Board for Ophthalmic Examinations held its first examinations at Memphis, Tenn., December 14 and 15, 1916, immediately following the meeting of the American Academy of Ophthalmology and Oto-Laryngology. Twelve applicants appeared for the examination, the results of which will be announced after the regular annual examinations to be held in New York City, June 7th, 8th and 9th, following the meeting of the American Medical Association.

In general, applications must be filed with the Secretary of the Board, Dr. Frank C. Todd, of Minneapolis, at least three months in advance of the time the examination is to be held; because the professional record of the candidate is to be taken into consideration as well as the showing he makes in the examinations, in awarding the certificate. For the June Examinations, however, the time was extended to April 1st on account of delay in arranging and announcing them.

The American College of Surgeons has appointed this Board as its Ophthalmic Credentials Committee; and the examinations in ophthal-

mology conducted for the College will be practically identical with those given by the Board to its own applicants.

BOOK NOTICES.

American Encyclopedia and Dictionary of Ophthalmology, Volume 10. Edited by **Casey A. Wood,** assisted by a large staff of collaborators. Pages 7191 to 8022. Cleveland Press, Chicago, 1917.

This volume carries the work from Lenicet to Muscles, Ocular. There are many important subjects treated in it, as, Lens, Dislocation of; Lenses and Prisms, Centering of and Methods of Manufacturing; Light, With Its Effects on the Eye; Light Reflex, and Light Sense; Life Insurance and Ophthalmology; Marksmanship, Ocular Relations of; and Miners' Nystagmus. There are included the usual number of biographies by T. H. Shastid, including some whose only claim to notice in such a work is that of their blindness. Among the latter John Milton is noticed, with an account of the symptoms presented as he became blind.

But among these shorter articles are found four that constitute monographs. First of these is an article on "Lenses and Prisms, Ophthalmic," by Charles F. Prentice, which comprises 173 pages. To most readers of the Encyclopedia, it will seem heavy and forbidding with mathematical optics. But even for such readers the fine illustrations redeem it. They will tell the story to many who will not undertake to struggle through the algebraic demonstrations. It works out the deep problems of combined cylindrical lenses, to which are given thirty-three pages.

Next in this series comes the "Localization of Foreign Bodies," by Edgar S. Thomson. This occupies some thirty pages. Here are described in detail all the methods of Roentgen-ray localization, that have been given any extended use by ophthalmologists, with abundant illustrations and an extended table of the relative transparency of various substances to the ray.

The third of these monograph articles is one that will be studied as extremely timely. It is on "Military Surgery of the Eye," written by Lloyd Mills. This takes up 116 pages, and coming from one who served in the Vienna General Hospital, after the outbreak of the present war, can be regarded as fully up to date.

The last of this series is headed "Muscles, Ocular." It covers 138 pages in the present volume, and will be continued in the next. This is by G. C. Savage, whose views on the subject are somewhat well known, but have never before been quite so well stated. His clear, positive sentences well express their author's meaning and ably assisted by the illustrations to enforce his views. Again we are struck with the large number of articles unsigned, which represent an immense amount of labor on the part of the editor in addition to his editorial duties.

Fisher, W. A. Cataract, Senile, Traumatic and Congenital. 8vo. 119 pages, 69 illustrations. Chicago: Eye, Ear, Nose and Throat College. 1917.

The operation for the extraction of cataract is the poetry of surgery. In the highest degree it represents concentration of thought, and elaborate finish—perfected technique. It will always have a peculiar interest for the ophthalmic surgeon and a dramatic impressiveness for the laity. Because of these things it claims an amount of attention which neither its relative importance in professional work, nor any relations to other important matters seem to justify.

This latest contribution to its literature takes up first "a review of the literature of the modern treatment of the condition." This review begins with quotation of the paper of Dr. John W. Wright of Columbus, Ohio, who, in 1884, published his technique for forcing out the

lens in its capsule by pressure with the tips of the operator's fingers. This description is followed by extended quotations from our principal text-books on ophthalmology, to show the status of the intracapsular method of extraction. Then is given Fisher's modification of the Smith-Indian operation for senile cataract, with consideration of complications, and a new method of acquiring proficiency. Brief chapters are devoted to traumatic cataract in the adult and congenital cataract.

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Lenz, G. Histologic Localization of Visual Center. (Graefe's Archiv für Ophthalmologie, volume 91, page 254.)

The question whether peripheral blindness is later followed by degenerative processes in the central terminal apparatus of the visual fibers in the occipital lobe has not yet been solved. The very exact studies of the writer, well illustrated by microphotographs, indicated

specific pathologic changes in the cell structure of the calcarine fissure of blind persons; but only in the internal granular layer and in the pyramidal layer. These changes consisted of a pronounced rarefication, increasing in intensity above. The findings favor a localization of the macula, and of its immediate vicinity, in the posterior section of the calcarine fissure. The mode of origin of the cortical changes is explained by the writer as a sort of atrophy from inactivity, resulting from the absence of visual stimuli.

Löhlein, W. Night Blindness on the Field. (Wiener Medizinische Wochenschrift, 1916, p. 1242.)

The term night blindness does not apply to the nocturnal disturbances of vision observed in the field, for various reasons. In testing hemeralopia with the light dial it is desirable in the interest of the accuracy of the results to make the same test upon a control person with normal dark accommodation. It is recommended that the control person be given the same vision by day (through putting on glasses which lessen vision) as has the patient to be tested. Among those called night blind are found a large percentage of cases in whom no hemeralopia exists; and the disturbances of vision are explained by states of nervous exhaustion, arterio-sclerosis, alcohol and tobacco poisoning, migraine, etc.

As far as cases of actual hemeralopia are concerned, that is, cases in which the power of dark accommodation is diminished, it is easy to show that the patients were aware that they had inherited or acquired hemeralopia of a high degree; or—and these are a large majority—who observed from the first day they were stationed at the front, their defective dark adaptation, and in whom this tendency had not come to their knowledge because of the conditions of life during a time of peace. Seldom did one find a real case of hemeralopia arising on the field; and in such cases there was always a preexistent ocular or general disease which had already been recognized in time of peace as a cause or accompaniment of hemeralopia. Among the night blind of the eye-station of one army corps, no special case of war-hemeralopia had been received. Above all in each single case it is necessary to determine clearly the cause of the nocturnal visual disturbance.

As far as the not very frequent cases of acquired hemeralopia are concerned, the removal of the primary disease will also influence the severity of the hemeralopia. On the other hand, radical treatment promises no result to people afflicted with deficient dark accommodation. Patients having the highest degree of this disability can only be used, for purposes of war, in very special occupations. Those with a medium degree, at least those on patrol duty, should be exempt from night reconnoitering and driving. In general when night blindness is not responsibile for the visual disturbance, and states of nervous exhaustion and similar conditions are, improvement of the primary disease promises relief of the disorder.

Metzner and Wölfflin, E. Clinical and Experimental Studies of Paralysis of the Cervical Sympathetic. (Graefe's Archiv für Ophthalmologie, volume 91, page 167.)

If section of the cervical sympathetic below the superior cervical ganglion only slightly affects the diameter of the pupil, the ganglion must have an independent tonus as regards dilatation of the pupil. Division of one sympathetic below the ganglion in the rabbit or the cat, and extirpation of the ganglion of the other side, show the pupil to be decidedly smaller on the side of the extirpation. The mydriasis produced by various sensory stimuli is bound up with intact function of the sympathetic tract. Experiments on rabbits showed that extirpation of the ganglion was never accompanied by a depigmentation of

the iris or by a hyperemia of the retinal or conjunctival vessels. There immediately appeared a pupillary difference which never subsequently disappeared.

Resection of the sympathetic nerve below the ganglion was followed by decoloration of the iris. If later, after resection of the nerve, the ganglion was also removed, the previously existing miosis became still more marked. Stretching of the nerve produces a marked transitory inequality of the pupils and of the palpebral fissure, and also a hyperemia of the ear vessels. In order to follow the path of the vasomotor fibers from the cervical ganglion to the end organs, the cavity of the middle ear was emptied, after which there developed a transitory vasomotor disturbance, and at the same time a miosis which did not entirely recede. If to this experiment was added extirpation of the superior cervical ganglion, the pupillary inequality increased, whereas the inequality did not show this progression if the two operations were done in the inverse order.

Ohm. Miners' Nystagmus. (Graefe's Archiv für Ophthalmologie, volume 91, part 2.)

Violent agitation of the body makes the nystagmus worse. Rotation to the left occasionally evokes it, rotation to the right does not, or only in slight degree. Of the four horizontal positions of the body the abdominal position is the most unfavorable, the dorsal position the most advantageous. Change of position sometimes reduces the amplitude of the nystagmus. Stimulation with the anode applied to both ears increases the amplitude of the nystagmus. Alcohol is capable of reducing or abolishing the tremor, by virtue of its narcotic qualities; and the same is true of various compounds related to alcohol (including adalin and veronal), of which much smaller quantities are required than of alcohol. Caffein and strychnin are without effect. The exertions of military service and the excitement of battles are not capable of giving rise to nystagmus in former miners nor of making worse an already existing tremor.

Schanz, F. Genesis of Diabetic Cataract. (Graefe's Archiv. für Ophthalmologie, volume 91, page 238.)

Light changes the structure of albuminous bodies so that the easily soluble albumens are transformed into poorly soluble globulins. This process is first effective in the center of the lens, so that sclerosis of the nucleus, presbyopia, and finally senile cataract develop. An experiment was made as follows: To filtrates of the hog's lens were added 10 ccm. of 60 per cent solution of grape sugar with 1.2 ccm. of physiologic salt solution, or the same solution of grape sugar with 1.2 ccm. of acetone, or merely 11.2 ccm. of physiologic salt solution; and the test tube was either left in the light or in darkness. Upon addition of 0.01 ccm. of greatly diluted acetic acid the test tube which had not been exposed to light showed no opacity, while the one which had been exposed to light did show such opacity.

This opacity was most marked in the tubes to which grape sugar and acetone had been added, less marked in those to which only grape sugar had been added, and least in those containing only albumen. Grape sugar, and above all acetone, hastens the effect of light on albuminous substances; that is, they act as sensitizers or catalysors. The acetic acid which is set free from acetone under the action of light appears to change the albumens into globulins. (Abstracts in Berliner Klinische Wochenschrift.)

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